

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

27774 7590 06/21/2007  
 MAYER & WILLIAMS PC  
 251 NORTH AVENUE WEST  
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 WESTFIELD, NJ 07090



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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Beth Shadmi (Depositor's name)  
 [Signature] (Signature)  
 9/21/2007 (Date)

APPLICATION NO.	FILING DATE	FIRST NAME(s) INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/039,466	01/03/2002	John D. Dobak III	051002	5793

TITLE OF INVENTION:

METHOD AND DEVICE FOR PERFORMING COOLING-OR CYRO THERAPIES FOR, E.G., ANGIOPLASTY WITH REDUCED RESTENOSIS ...

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	09/21/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
GIBSON, ROY DEAN	3739	607-106000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.303).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SI/47) attached.  
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2. For printing on the patent from page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Mayer & Williams PC  
 2. Mark O. Wiecekrek, Esq.  
 3. Karin L. Williams, Esq.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Innecool Therapies, Inc.

(B) RESIDENCE (CITY and STATE OR COUNTRY)

San Diego, CA

Please check the appropriate assignee category or categories (will not be printed on the patent). ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies

4b. Payment of Fee(s):

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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to deposit account number 50-1047 (enclose an exact copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

[Signature of Karin L. Williams]

Date

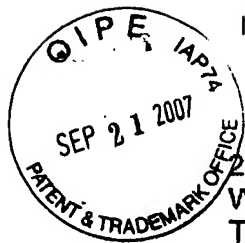
9/21/07

Typed or printed name: Karin L. Williams

Registration No. 36,721

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**Mayer & Williams PC**  
**Attorneys At Law**

# Fax

<b>To:</b> Office of Patent Publication	<b>From:</b> Beth Shadmi
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<b>Re:</b> 10/039,466	<b>CC:</b>

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